



## DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6010.8B

Code 0901

1 June 1995

### NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6010.8B

From: Commanding Officer

Subj: UNEXPECTED EVENT REPORTING

Ref: (a) Joint Commission on Accreditation of Health Care  
Organizations (JCAHO) Accreditation Manual for  
Hospitals, Current Edition  
(b) NAVHOSP29PALMSINST 6010.9A

Encl: (1) Unexpected Event Reporting Sheet, NAVHOSP29PALMS  
Form 6010/8 (Rev. 2/94), Report Symbol 6010.8

1. Purpose. To establish a standardized reporting structure for unexpected events and assist the Performance Improvement (PI) Program as outlined in references (a) and (b).

2. Cancellation. NAVHOSP29PALMSINST 6010.8A.

3. Background. The reporting and tracking of unexpected events is an internal part of the PI Program's risk detection element. Standardized data collection and analysis facilitates identifying and resolving events that may reduce potential risk factors. This report provides the necessary information to notify and resolve events or circumstances in a timely manner. The intent is to protect the patients, staff, and the hospital from the recurrence of potential risks and providing consistent evaluation and follow-up by the appropriate departments.

4. Definition. The Unexpected Event Report is a non-judgmental reporting of an unusual occurrence that ideally should not have happened. This includes any event that is not consistent with the routine operation of the hospital or any unusual patient care event, whether or not the patient may have suffered harm or inconvenience. Reporting of unexpected events is a Risk Management technique for using objective criteria to identify deviations from normal procedures or expected outcomes relating directly to patient care. Reports are grouped into patient care and non patient care related events and classified as follows:

a. CATEGORY I

(1) Patient Care:

(a) Minor Event

(b) Care rendered within standards.

b. CATEGORY II

(1) Patient Care:

(a) Significant Event

(b) Care rendered within standards.

(2) Non-Patient Care:

(a) Marginal

(b) Required minor corrective action.

c. CATEGORY III

(1) Patient Care: Marginal deviation from standard of care.

(2) Non-Patient Care:

(a) Critical

(b) Required significant corrective or disciplinary action.

d. CATEGORY IV

(1) Patient Care: Major deviation from standard of care.

(2) Non-Patient Care:

(a) Catastrophic

(b) Required change in hospital policy for corrective action.

5. Action

a. Personnel having knowledge of an event shall:

(1) Be responsible for timely reporting of the event regardless of how it is discovered or who was involved.

(2) Complete the Unusual Event Report Sheet, NAVHOSP29PALMS Form 6010/8 (Rev. 3/94), enclosure (1).

(a) The report shall consist of factual, specific, and complete information.

(b) Individual discretion should be used in determining if medical attention is required or if higher command authority must be advised of the situation.

(c) COPIES OF THIS REPORT SHALL NOT BE MADE.

(3) Risk Manager shall:

(1) Complete initial review of unexpected event reports.

(a) Events meeting predetermined exception criteria receive no further routing or review.

(b) Are filed for statistical purposes only.

(2) Evaluate if the event needs further review.

(3) Assign a case control number before the report is routed for further review.

(4) Refer reports to the appropriate individuals, clinic or administrative department for additional information and/or clarification as necessary.

(5) Forward the report to the Performance Physician Improvement Advisor (PIPA) once all required information is obtained.

(6) Forward reports of staff or patient accidents via the Safety Officer.

(7) Track reports for trends.

(8) Submit a summary report for monthly submissions to the appropriate Director and Command PI Committee for evaluation.

(9) Maintain reports for a period not less than seven years, after which they will be destroyed by shredding.

(10) Ensure reports do not become part of any medical chart.

c. PIPA shall:

(1) Review all reports and make recommendations for further review, categorization or action to be taken.

(2) Forward report to the appropriate Director for peer review and categorization.

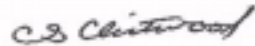
NAVHOSP29PALMSINST 6010.8B  
1 June 1995

d. Directors shall:

(1) Review Unexpected Event Reports that occurred within their directorates.

(2) Document the actions taken or recommendations made and return report to the Risk Manager in the PI Department.

6. New or Revised Forms and/or Required Reports. The Unexpected Event Report Sheet, NAVHOSP29PALMS Form 6010/08 (Rev. 2/94), Report Number 6010.8, is being adopted in accordance with this instruction and is due to the Risk Manager within one working day of the event.



C. S. CHITWOOD

Distribution:  
List A

UNEXPECTED EVENT REPORT SHEET  
PREDETERMINED CRITERIA FOR PATIENT CARE RELATED EVENTS

1. This is a Confidential administrative record, not a part of the patient's chart, and no statements should be made on the chart that an Unexpected Event Report has been made. All accounts of an event should be factual only.
2. Return this form to the Risk Manager in the Performance Improvement Department within one business day of the event.
3. Events listed below Must be reported on this form. Any other event in which an unusual occurrence happened, including any happening that is not consistence with the routine operation of the hospital or any unusual patient care event, weather or not the patient may have suffered harm or inconvenience should also be reported on this form.

ADMISSIONS FOR COMPLICATIONS OR INCOMPLETE MANAGEMENT OF PROBLEMS UNEXPECTED RETURN TO THE EMERGENCY MEDICINE DEPARTMENT

CARDIAC OR RESPIRATORY ARREST

NEUROSENSORY OR FUNCTIONAL DEFICIT WHICH WAS NOT PRESENT ON ADMISSION

APGAR SCORE 6 OR LESS AT 5 MINUTES

INJURY OF ORGAN OR BODY PART DURING INVASIVE PROCEDURE

UNEXPECTED RETURN TO THE OPERATING ROOM

UNPLANNED REMOVAL OR REPAIR OF NORMAL BODY PART DURING SURGERY (NOT RECOMMENDED ON CONSENT)

POST OPERATION COMPLICATIONS

ACUTE MI OR CVA WITHIN 48 HRS AFTER SURGERY

OPERATION FOR REMOVAL OF FOREIGN BODY LEFT IN OPERATION SITE

UNPLANNED REPEAT INVASIVE DIAGNOSTIC PROCEDURES

DISCHARGE AGAINST MEDICAL ADVICE

MEDICATION ERROR (DISPENSING OF ADMINISTRATION)

TREATMENT ERROR

X-RAY MISINTERPRETATION

SURGICAL WOUND INFECTION

NEWBORN INJURY OR UNEXPECTED CONGENITAL PROBLEM

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NH29PALMS FORM 6010/08 (2-94)

ADDRESSOGRAPH

NAVHOSP29PALMSINST 6010.8B  
1 June 1995

**SECTION I: FACTS SURROUNDING THE EVENT:**

(To be completed by person noting the event)

Date \_\_\_\_\_ Time \_\_\_\_\_ Exact Location of Event \_\_\_\_\_

Describe the Event \_\_\_\_\_

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Name of Person Preparing Report (print) \_\_\_\_\_

Date \_\_\_\_\_

**SECTION II: INITIAL REVIEW OF EVENT: (Attach additional routing sheets as necessary)**

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PATIENT CARE RELATED \_\_\_\_\_

NON-PATIENT CARE RELATED \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE  
TO BE COMPLETED BY RISK MANAGEMENT PERSONNEL**

\_\_\_\_\_ CATEGORY I

\_\_\_\_\_ CATEGORY II

\_\_\_\_\_ CATEGORY III

\_\_\_\_\_ CATEGORY IV

Name and Title of Reviewer \_\_\_\_\_

Date \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

\_\_\_\_\_